



Professional Licensing Boards Division

College/University Verification of Completion of Physical Therapist/Physical Therapist Assistant Education

This form must be completed by the Registrar, Dean or PT/ PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Name

will graduate from _____
Name of College

on _____ **with a Doctorate or Associates degree.**
Date (circle one)

Signature of Registrar, Dean, PT or PTA Program Director
(please circle title)

Date

Printed name of Registrar, Dean, PT or PTA Program Director

School/Registrar Seal OR Notary

Sworn to and subscribed before

me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Return completed form to:

Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217